

<b>Effective on 12/08/2004</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816)</b> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/500,096-Conf. #7642
		Filing Date	January 11, 2005
		First Named Inventor	Martin Hendrix
		Examiner Name	K. A. Saeed
		Art Unit	1626
TOTAL AMOUNT OF PAYMENT		(\$)	810.00
		Attorney Docket No.	81477(303989)

**METHOD OF PAYMENT (check all that apply)**

☐ Check   
 ☐ Credit Card   
 ☐ Money Order   
 ☐ None   
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account   
 Deposit Account Number: 04-1105   
 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below   
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   
 ☐ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims    Extra Claims    Fee (\$)    Fee Paid (\$)    Multiple Dependent Claims  
 - 20 or HP    x    =                            Fee (\$)    Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims    Extra Claims    Fee (\$)    Fee Paid (\$)  
 - 3 or HP    x    =                        

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ (round up to a whole number) x _____	_____	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) 810.00

**SUBMITTED BY**

Signature	/Nicholas J. DiCeglie, Jr./	Registration No. (Attorney/Agent)	51,615	Telephone	(212) 308-4411
Name (Print/Type)	Nicholas J. DiCeglie, Jr.	Date	January 16, 2009		

## Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this correspondence is being transmitted via the Office electronic filing system in accordance with 37 CFR 1.6(a)(4):

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on January 16, 2009  
Date

/Nicholas J. DiCeglie, Jr./

Signature

Nicholas J. DiCeglie, Jr.

Typed or printed name of person signing Certificate

51,615

Registration Number, if applicable

(212) 308-4411

Telephone Number

Note: Each paper must have its own certificate of mailing.

Request for Continued Examination Transmittal (1 Page)

Fee Transmittal (1 page)

Information Disclosure Statement (2 pages)

Information Disclosure Statement by Applicant SB/08 (1 page)

Charge Deposit \$810.00 Account No. 04-1105